

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

E-FILING REGISTRATION FORM

****Please type; this will also serve as a return mailing label****

Name: _____
Firm: _____
Addr.: _____

Phone: _____

State Bar Number: _____
(and state, if not Michigan)

Date of admission to the Bar of this court: _____

****NOTE: A PACER ACCOUNT IS NECESSARY
FOR VIEWING ELECTRONIC DOCUMENTS****

This form cannot be submitted electronically.
Complete the form on-line, print a hard copy, sign it and present it to the Clerk's office at the address below. A login and password for access to the electronic case filing system will be issued to you upon receipt of the fully-completed form. **All of this information is required and must be supplied, including your original signature.**

Primary e-mail address: _____
(Attorney's e-mail for electronic service)

Secondary e-mail address: _____
(Central repository, Secretary, etc.)

E-mail software used: _____
(i.e., Outlook, Groupwise, etc.)

- ☐ I have an existing PACER account.
☐ My firm has an existing PACER account.

☐ I already have an ECF login that I use at another court, which is _____. Please assign the same login.

The information contained in this box will be maintained confidentially, and is necessary for security/confirmation purposes:

Social Security Number: _____ Mother's Maiden Name: _____

BY COMPLETING THIS FORM, ATTORNEYS CERTIFY THAT THEY ARE MEMBERS IN GOOD STANDING OF THE BAR OF THIS COURT AND THAT THEY ARE FAMILIAR WITH W.D. Mich. LCivR 5.7, WHICH MAY BE FOUND AT:

www.miwd.uscourts.gov

By registering under this rule, attorneys consent to electronic service *by the Court* of all documents. See W.D. Mich. LCivR 5.7(h)(ii).

Attorney's Signature: _____

****YOUR LOGIN AND PASSWORD WILL BE MAILED TO YOU UPON OUR PROCESSING OF THIS FORM****

Return this form via hand delivery
or via mail only to:

Clerk, U.S. District Court
E-Filing Registration
399 Federal Building
110 Michigan St., N.W.
Grand Rapids, MI 49503

COURT USE ONLY:

E-Filing Login Assigned: _____

E-Filing Password Assigned: _____

- | | |
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| <input type="checkbox"/> Attorney's e-mail record updated | <input type="checkbox"/> UR registered e-mail sent |
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